SECRETARY OF STATE

Judicial Candidate REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Judicial Election

OCT 2 6 2010

Required to terminate reporting

obligations

			199
Name of	Candidate	From year+s	
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DIEDERVILLE By DULL MS THELLO COUNTY H

Campaign Finance Secretary of State

August 17 August 18 August	A PARTITION
Telephone Work 228-860-7864 Home 228-860-7864 Fax 1001-510-9101	1
Contact Name From Yearts Email Address Lycatts agrant	con
Office Sought Chargery Court Judge, District B. Place 2	
Check here if above is different from previous report	
May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	Mandatory
October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010)	.Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	Mandatory
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)Runoff	Candidates

IMPORTANT

January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).................................Mandatory

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

The state of the s	Itemized + Nor	n-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$		\$	s Ø
Total amount of disbursements	\$'308.W \$	\$	1306	\$7,753,92
Total amount of cash on hand			s Ø	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Authority: Refer to Miss. Code Ann. \$23-15-801 (1972) et. seg. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Termination Report (Candidate will no longer accept contributions or make

campaign expenditures and has no outstanding campaign debt obligation)

	-		Page \	of_	1	
Name of Candidate or Committee	trans	Jac ++5		_		
Reporting period CADOCT	2010	_through _OC \to\oc 2	13,2010	0.		

ITEMIZED DISBURSEMENTS

The Stare County Enter Drise	Date (Mo., Day, Year)	Amount of each disbursement this period
AN-Way Address		S 03
143 First Surect	10/55/10	308,00
City, State, Zip Code	1_1_1	S
wiggins ms 39577		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 306.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code	-'-'-	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S